OCT 2 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25404

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248 E
(No. SAINT JOSE SANATORIUM St. Ward)
File No.
Registered No. 303

2. FULL NAME Henry Menendez
(a) Residence. No. 3805 Waverly St., Ward. East St. Louis, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 4 mos. 25 ds. How long in U.S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17 1893

7. AGE Years 33 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

PARENTS
10. NAME OF FATHER Joseph Vorkmy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Spain
12. MAIDEN NAME OF MOTHER Nevita Jordan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Spain

14. INFORMANT Hospital Records
(Address) SAINT JOSE SANATORIUM

15. Filed Aug. 17, 1927 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 16 1927

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1926, to Aug. 16, 1927, that I last saw him alive on Aug. 16, 1927, and that death occurred, on the date stated above, at 8:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS
25 (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum

(Signed) Lawrence Schlenker, M.D.
8/17, 1927 (Address) 3515 S. Grand Bl. St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope Cem. St Louis
DATE OF BURIAL Aug 19 1927

20. UNDERTAKER Jos H Kurrus Undo Co
ADDRESS E. St Louis Ill.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Vs. L. C. Obrock
779 L. M. Rd.
[illegible]
Pomeroy Ohio.